

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

Conservation Division

Form C-5 Rev.

TYPE TEST: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Workover <input type="checkbox"/> Reclassification		TEST DATE:	
Company		Lease	
County		Well No.	
Location		Acres	
API Well Number		Reservoir(s)	
15 -		Gas Pipeline Connection	
Completion Date		Type of Completion (Describe)	
Plug Back T.D.		Packer Set At	
Lifting Method:		Type Liquid	
None <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> ESP <input type="checkbox"/>		API Gravity of Liquid/Oil	
Casing Size		Weight ID. Set At Perforations To	
Tubing Size		Weight ID. Set At Perforations To	
Pretest:		Time AM/PM Ending Date Time AM/PM	
Starting Date		Time AM/PM Ending Date Time AM/PM	
Test:		Time AM/PM Ending Date Time AM/PM	
Starting Date		Time AM/PM Ending Date Time AM/PM	

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size	
Casing:	Psig	Tubing:	Psig	Psig	

Bbls./In.	Stock Tank		Starting Gauge			Ending Gauge			Net API Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:										
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections (Yes/No)			Orifice Meter Range					Static Pressure:		
Pipe Taps:			Flange Taps:					Differential:		

Type Measuring Device	Entry Size	Orifice Size	Meter-Prover-Tester Pressure					Diff. Press. (h _w) or (h _d)	Gas Gravity (G _p)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (P _d)	%CO ₂	H ₂ Sppm			
Orifice Meter										
Critical Flow Prover										
MERLA Well Tester										

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (F _h) (F _p)	Meter-Prover Press. (Psia)(P _m)	Press. Extension $\sqrt{h_w \cdot P_m}$	Gravity Factor (F _g)	Flowing Temp. Factor (F _t)	Deviation Factor (F _{pv})	Sqr. Rt. Chart Factor (F _d)

Gas Prod. MCFD	Oil Prod.	Gas/Oil Ratio	Cubic Feet
Flow Rate (R):	Bbls./Day:	(GOR) =	per Bbl.

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this _____ day of _____ 19____.

For Offset Operator

For Commission

For Company

(Rev. 10/96)